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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/661,368	
	Filing Date	September 12, 2003	
	First Named Inventor	YUN, ANTHONY JOONKYOO	
	Group Art Unit	3762	
	Examiner Name	Scott M. Getzow	
Total Number of Pages in This Submission	29	Attorney Docket Number	PALO-001
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): USPTO Credit Card Payment Form	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620		
Signature			
Date	September 7, 2005		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: September 7, 2005.			
Typed or printed name	Donna Macado		
Signature		Date	September 7, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/661,368 Filing Date September 12, 2003 First Named Inventor YUN, ANTHONY JOONKYOO Examiner Name GETZOW, SCOTT M. Art Unit 3762 Attorney Docket No. PALO-001	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 540.00)			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
	FILING FEES <table border="1"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>500</td> <td>250</td> </tr> <tr> <td>Design</td> <td>100</td> <td>50</td> </tr> <tr> <td>Plant</td> <td>300</td> <td>150</td> </tr> <tr> <td>Reissue</td> <td>500</td> <td>250</td> </tr> <tr> <td>Provisional</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	500	250	Design	100	50	Plant	300	150	Reissue	500	250	Provisional	0	0	EXAMINATION FEES <table border="1"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	200	100	Design	130	65	Plant	160	80	Reissue	600	300	Provisional	0	0	Fees Paid (\$) _____
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2. EXCESS CLAIM FEES																																																													
Fee Description		Fee (\$)		Small Entity Fee (\$)																																																									
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200		100																																																									
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Total Claims 77 - 62 or HP = 15 x 25.00 = 375.00		Multiple Dependent Claims Fee (\$) _____		Fee Paid (\$) _____																																																									
Indep. Claims 13 - 12 or HP = 1 x 100.00 = 100.00		Fee (\$) _____		Fee Paid (\$) _____																																																									
HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3																																																													
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>77</td> <td>15</td> <td>1</td> <td>125</td> <td>125</td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	77	15	1	125	125																																												
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4. OTHER FEE(\$)																																																													
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Other: <u>Terminal Disclaimer</u>						65.00																																																							

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) 37,620	Telephone (650) 327-3400
Name (Print/Type) Bret E. Field	Date 09/07/2005	

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